

Complete and mail this form, together with applicable fees, to:

**PART B—ISSUE FEE TRANSMITTAL**

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

08-23-01

#B

**MAILING INSTRUCTIONS:** This form should be completed when transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections or use Block 1)

022879  
HEWLETT PACKARD COMPANY MM41/0702  
P O BOX 272400, 3404 E. HARMONY ROAD  
INTELLECTUAL PROPERTY ADMINISTRATION  
FORT COLLINS CO 80527-2400

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

**Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

see attached Certificate of Express Mailing

(Depositor's name)

(Signature)

(Date)

DATE MAILED

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

09/416,618

10/12/99

028

STEWART JR, C

2853

07/02/01

First Named Applicant

PAASCH,

35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION PRINT HEAD APPARATUS WITH MALFUNCTION DETECTOR

ATTYS DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

2 10980780-1

347-019.000

150

UTILITY

NO

\$1240.00

10/02/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Hewlett-Packard Company  
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Palo Alto, CA USA

Individual ☒ corporation or other private group entity ☐ government

COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

Signature: Timothy F. Myers (Date) 8/21/01

Statement: This form is estimated to take 0.2 hours to complete. Time will vary on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  
☐ Issue Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. The following fees or deficiency in these fees should be charged to:  
DEPOSIT ACCOUNT NUMBER 08-2025  
(ENCLOSE AN EXTRA COPY OF THIS FORM)  
☒ Issue Fee  
☐ Advance Order - # of Copies 5

08/24/2001 SPESHE2 00000077 082025 09416618  
01 FC:142 1240.00 CH  
02 FC:561 15.00 CH

TRANSMIT THIS FORM WITH FEE

BEST AVAILABLE COPY